

# **FOSTER PARENT HANDBOOK 2002**



**One Child at a Time, We Care for Them**

**Tennessee  
Department  
of  
Children's  
Services**

**Tennessee Foster Care Association  
University of Tennessee College of Social Work  
Office of Research and Public Service**

## **CHAPTER ONE**

### **THE FOSTER CARE TEAM**

**Members of the team**

**Tasks of each member**

**Ranking in importance**

**Information to which each member has access**

## ***THE FOSTER CARE TEAM***

# **MEMBERS**

### **Who is on the team?**

The foster care "team" consists of the child and all those involved with developing and implementing a permanency plan for the child.

#### **PRINCIPAL PLAYERS:**

1. the child
2. the child's biological parents
3. the foster parents
4. DCS Case Managers

Those who participate at times and from case to case are:

#### **OTHER TEAM PLAYERS**

1. Other DCS Case Managers, Team Leaders, legal and administrative staff
2. Juvenile Court staff
3. Mental Health Counselors
4. Interagency task force/advisory council members (i.e., Sex Abuse Team, Foster Care Review Board, Child Abuse Review Team or Commissioner's Review )
5. Court Appointed Special Advocate (CASA) Volunteers
6. DCS Resource Managers
7. Guardian Ad Litem

## **TASKS/RESPONSIBILITIES**

### **What does each team member do?**

Each team member has critical and complex tasks to perform.

The primary tasks of each team member include:

#### **CHILD**

The primary tasks of the **child** are to:

- adjust to his loss
- adapt to a new environment

#### **BIOLOGICAL PARENTS**

The primary tasks of the **biological parents** are to:

- adjust to their loss
- work toward meeting the goals of the permanency plan
- support the child in whatever way they can
- provide continuity by maintaining a continuing relationship with the child

#### **FOSTER PARENTS**

The primary tasks of the **foster parents** are to:

- nurture the child
- maintain balance of the existing family
- work with other team members toward permanency

#### **DCS STAFF**

The primary tasks of the case manager is to:

- assess needs of the child and his family
- develop timely permanency plan (with other team members)
- direct activities toward accomplishment of the plan goals

The primary tasks of the child's case manager is to:

- provide for the day-to-day needs of the child
- assist the foster parents in providing services
- authorize payment of board, clothing, allowance

## ***THE FOSTER CARE TEAM***

### **What are the specific tasks of the biological parents?**

The specific tasks of the biological parents include:

<b>INFORM</b>	Keep the agency informed of their whereabouts
<b>WORK TOWARD RETURN HOME</b>	Work with the DCS staff, foster parents, and child regarding the return home
<b>COMMUNICATE</b>	Keep appointments and respond to calls, and maintain communication with the child
<b>VISIT</b>	Maintain regular visitation with the child
<b>PROVIDE A FAMILY</b>	Work toward being able to provide a family for the child
<b>PROVIDE FINANCIAL SUPPORT</b>	Assist in the financial support of their child
<b>PROVIDE EMOTIONAL SUPPORT</b>	Provide emotional support to the child
<b>COOPERATE</b>	Work cooperatively with the child's foster parent

***Note:*** *The involvement of the biological parents will vary from case to case but the importance of the biological parents to the child should never be minimized.*

## ***THE FOSTER CARE TEAM***

### **What are the specific tasks of the foster parents?**

The **specific** tasks/responsibilities of the foster parents include:

<b>DAY-TO-DAY CARE</b>	Provide day-to-day care (emotional and physical), education and training as for any other member of the family.
<b>ILLNESS OR MEDICAL EMERGENCY</b>	Notify the Case Manager immediately in case of illness or accident requiring a physician's care for the child. In case of medical emergency, use your own judgment about whether to call the Case Manager or to get care for the child and then call the Case Manager.
<b>CONFIDENTIALITY</b>	Information about the child or the child's family is strictly confidential and should not be divulged to ANYONE outside the immediate family except with the permission of the Case Manager.
<b>CHILD'S PRIVACY</b>	Notify the Case Manager of any inquiries about the child's identity.
<b>SAFETY OF THE CHILD</b>	Under no circumstances allow anyone other than an authorized representative of the department to remove the child from your home - temporarily or permanently
<b>CHANGES IN FOSTER FAMILY</b>	Notify the department of any changes in the foster family's health, financial situation, the location of your residence or the number of persons living in your home.
<b>CHILD LEAVING</b>	Work with all team members in preparing the child for return to his birth home, adoption, or for a move to another foster home.
<b>NOTICE OF INTENT TO REMOVE A CHILD</b>	Give the department as much notice as possible if you decide to ask for the removal of a child. DCS has a right to move a child whenever necessary but this will be done only after communication with you. (See <u>Chapter Four: DCS Policies - Removal of a Child From a Foster Home</u> )

## ***THE FOSTER CARE TEAM***

### **What are the specific tasks of the foster parents? (continued)**

<b>TRANSPORTATION</b>	Provide transportation to doctors' appointments, visits, extracurricular school activities, etc. (See <u>Chapter Four: DCS Policies - Transportation</u> )
<b>VISITATION</b>	Support child's visitation with relatives as outlined in the permanency plan and report any changes in the child which seem to relate to the visit (See <u>Chapter Two: Foster Parents Role-Visitation.</u> )
<b>CHILD'S RECORD</b>	It is of great benefit to the child for the foster parent to keep a record of the time spent in the home. This takes the form of a Life Story book and is a required activity for the foster parent. Photo album, tape recordings, etc. may be used.
<b>INFORMATION</b>	Provide information to the Case Manager regarding the child's progress in the home. Any indicators of physical or emotional problems, including any sexual acting-out behavior or any aggressive behavior, should also be noted.

### **What are the specific tasks/responsibilities for the DCS Case Managers?**

The specific tasks/responsibilities of the Case Manager include:

<b>DAY-TO-DAY CARE</b>	Oversee day-to-day care of the child while in the foster home
<b>MEDICAL/DENTAL CARE</b>	Make specific arrangements for dental and medical care when necessary
<b>VISITATION</b>	Protect the parents' or legal guardian's right to reasonable visitation (a minimum of four hours a month unless restricted or denied by court order). This is mandated by DCS policy.
<b>AVAILABILITY AND ACCESSIBILITY</b>	Assure that foster parents can reach you (or other department person covering for you) by telephone at all times. The Case Manager's home phone number, emergency telephone number, beeper number, and cellular telephone number should be given to the foster parents.

## ***THE FOSTER HOME TEAM***

### **FOSTER CARE AND PERIODIC REVIEWS**

DCS staff will develop a written Permanency Plan for child with parent(s), relative(s) or guardian(s) from whom child was removed within 30 days of removal.

Prepare for and attend periodic reviews of child's case and plan by juvenile court, court-appointed foster care review board or internal review panel.

## **RANKING IN IMPORTANCE**

### **How important is each team member?**

Although each team member plays a different role with a diversity of tasks and responsibilities **each member is important with the needs of the child of greater importance than all others.**

Even if the placement is short-term the foster parent plays a critical role because time does not stand still for the child. The needs of the child (often complex and highly intensified ) need to be met on a constant basis. Every foster parent, therefore, is a fully involved member of the team. **The foster parent who lives with and observes the child 24 hours a day can attend to the child in a way that no one else can even if the child's stay is short term.**

## **ACCESS TO INFORMATION**

### **Should foster parents, as team members, have access to information about the child? What kind of information?**

Playing such an intimate role in the care of the foster child the foster parent needs to be informed. Knowledge of the child's fears, anxieties, history of abuse, family relationships will enhance the foster parent's ability to nurture the child. A foster parent should never "feel kept in the dark." At the same time, the foster parent is bound by the same rules of confidentiality as are DCS staff and other team members. (See Chapter Three: Foster Parent's Rights)



## **CHAPTER TWO**

### **THE FOSTER PARENT ROLE**

**Visitation**

**Child in counseling**

**Support for foster parents in times of crisis**

**Foster parent and the school system**

**Foster parent's role in medical care of the child**

## ***THE FOSTER PARENT ROLE***

### **VISITATION**

**Do foster parents participate in the coordinating of visits with birth parents and siblings?  
Are they asked to allow visits in the foster home?**

The foster parent's cooperation is critical to maintaining a relationship between the child and the birth family.

<b>ARRANGING VISITATION</b>	Foster parents will be actively involved in coordinating with birth parents in arranging visitation as stipulated in the established visitation schedule
<b>VISITATION WITH SIBLINGS</b>	Visitation with siblings will be conducted as specified in the established visitation schedule
<b>VISITATION IN THE FOSTER HOME</b>	Visitation in the foster home may be appropriate to the child's needs, with the agreement of the foster parent and with approval of the Case Manager

### **CHILD IN COUNSELING**

**What is the foster parent's role when the foster child is in counseling?**

The foster parent plays a vital supportive role when the child is in counseling. They may

<b>TRANSPORT</b>	Assist the Case Manager by transporting child to counseling sessions
<b>ATTEND SESSIONS</b>	Attend sessions if requested
<b>CARRY OUT TREATMENT PLAN</b>	Cooperate in a treatment plan developed by the mental health team
<b>PROVIDE FEED-BACK</b>	Provide feed-back to the Case Manager and the mental health team

## ***THE FOSTER PARENT ROLE***

### **SUPPORT IN CRISIS**

**What may the foster parent expect if the child is in counseling and crisis occur?**

During times of crisis the foster parent may expect:

- Respite care
- Telephone consultation with the mental health counselor
- In extreme emergencies, it may become necessary for on-site intervention by the mental health counselor or the Case Manager
- Short-term hospitalization to stabilize the child

### **FOSTER PARENTS AND THE SCHOOL SYSTEM**

**What is the foster parent's role in working with school staff?**

The foster parents probably will feel the same concerns about the school life of their foster child as with their own children of birth. Certainly, the foster parent may advocate on behalf of the child. Consideration should be given to the degree of involvement of the birth parents. The Case Manager will advise foster parents about their role with the school system.

<b>M-TEAM</b>	If the birth parents are unwilling or unable to participate in M-Team meetings foster parents may do so, but may not sign the IEP unless designated as surrogate parents
<b>EDUCATIONAL PLANNING</b>	Participate in educational planning along with the case manager and the birth parents.
<b>SURROGATE PARENTS</b>	Foster parents may function as surrogate parents if appointed by the local school system.

## **MEDICAL CARE OF CHILD**

### **Who makes decisions regarding medical care for the child?**

When a child comes into a foster home the Case Manager will share information regarding ongoing medical/dental needs of the child and current schedule of appointments. Foster parents will want to know about routine check-ups. Unexpected medical needs require that foster parents use their judgment but contact the Case Manager as soon as possible. If there is any question that the child is injured or needs treatment, immediately seek professional help.

<b>PERMANENCY</b>	Foster Parent should receive a copy of the Education and Health Plan for the child (part of the child's Permanency Plan.)
<b>ANNUAL CHECK UPS</b>	Children receive annual physical, dental and eye exams-ask your Case Manager about plans for these and any other information on TennCare.
<b>PROVIDERS</b>	For medical services foster parents shall use the primary care provider assigned by the child's MCO. Your Case Manager will know who these are.
<b>PRESCRIPTION DRUGS</b>	TennCare only pays for prescription drugs; other medicines such as over-the-counter drugs must be provided by the foster parents.
<b>HOSPITALIZING FOSTER CHILDREN</b>	Should a foster child need to be hospitalized, call the Case Manager immediately. If the Case Manager is not available, contact the Case Manager's supervisor, the Team Coordinator, or the DCS 24-hour number in your county. (See <u>Chapter Six: Financial Matters-Medical</u> )

**NOTE:** For information regarding AIDS, see Appendix A, *IMPORTANT INFORMATION STATEMENT to FOSTER PARENTS on HIV ANTIBODY TESTING for CHILDREN*

## **CHAPTER THREE**

### **THE FOSTER PARENTS' RIGHTS**

**Access to information about the child**

**Trans-racial Placements**

**First preference to adopt**

**Accusations of abuse or neglect**

**Foster Parents' Bill of Rights**

## **ACCESS TO INFORMATION ABOUT THE CHILD**

### **What information does the foster parent have the right to know about the child?**

The Department of Children's Services requires the Case Manager to give the foster parents "all known information helpful to meeting the child's needs." Required information usually includes:

- child's background
- the permanency plan for the child
- the visitation schedule
- child's interests, strengths, problems
- other service providers

As a member of the team, the foster parent may expect all available information on the child and as a member of the team **accept that they are bound by the same rules of confidentiality as the Case Manager, counselor, and other team members.**

### **What can foster parents do to get this information?**

Ask their Case Manager. Unfortunately, information is sometimes sparse and the Case Manager may know very little about the child's background. As information becomes available, the Case Manager will share the information with the foster parents.

## **TRANS-RACIAL PLACEMENTS**

### **What is the department's position regarding trans-racial placements?**

Our first choice is always to place children with foster parents from the same cultural or racial background.

Occasionally you may be asked to care for a child of mixed heritage or of different heritage than yours. In these cases we ask that you be aware of a child's need for maintaining his or her heritage and provide, in so far as possible, experiences where the child can interact with others of his race and culture. This might take the form of attending services at an integrated church or helping the child maintain friendships within his cultural or racial heritage.

## ***THE FOSTER PARENTS' RIGHTS***

### **FIRST PREFERENCE TO ADOPT**

#### **What are foster parents' rights regarding the adoption of a foster child?**

If the child has been in the foster home for 12 months, is legally free for adoption and the foster parents meet all the requirements for an adoptive home they have first preference to adopt by law. Until all of these conditions are met, foster care is considered temporary. Foster parents are expected to abide by the terms of their contract and not attempt to adopt the child without DCS approval.

### **ACCUSATIONS OF ABUSE OR NEGLECT**

#### **What are foster parents' rights to representation if they are accused of abuse or neglect of a foster child?**

If DCS receives a report that someone believes a child in the foster home is being abused, the department must conduct an investigation. An investigation generally consists of an interview with the child, the person responsible for the care of the child, others in the home, physical and psychological exams of the child if the investigator feels they are needed. The investigation will be conducted by a Case Manager who is assigned to Child Protective Services investigations. The Case Manager working with the family will be consulted. Legal representation is not provided by the State of Tennessee. (See Chapter Seven: Legal Matters)

## **FOSTER PARENTS' BILL OF RIGHTS**

### **What are the foster parents' rights in general and how can disagreements with the Department be settled?**

The following legislation was enacted by the Tennessee General Assembly in 1997:

An Act to amend Tennessee Code Annotated, Title 37, Chapter 2, Part 4, relative to foster care and to enact the "Foster Parent Rights Act."

(a) To the extent not otherwise prohibited by state or federal statute, the department shall, through promulgation of rules in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, implement each of the following tenets. With respect to the placement of any foster child with a foster parent, which is contracted directly with the department of children's services, pursuant to this part:

- (1) The department shall treat the foster parent(s) with dignity, respect, trust and consideration as a primary provider of foster care and a member of the professional team caring for foster children;
- (2) The department shall provide the foster parent(s) with a clear explanation and understanding of the role of the department and the role of the members of the child's birth family in a child's foster care;
- (3) The foster parent(s) shall be permitted to continue their own family values and routines;
- (4) The foster parent(s) shall be provided training and support for the purpose of improving skills in providing daily care and meeting the special needs of the child in foster care;
- (5) Prior to the placement of a child in foster care, the department shall inform the foster parent(s) of issues relative to the child that may jeopardize the health and safety of the foster family or alter the manner in which foster care should be administered;
- (6) The department shall provide a means by which the foster parent(s) can contact the department twenty-four (24) hours a day, seven (7) days a week for the purpose of receiving departmental assistance;
- (7) The department shall provide the foster parent(s) timely, adequate financial reimbursement for the quality and knowledgeable care of a child in foster care, as specified in the plan; provided, that the amount of such financial reimbursement



## ***THE FOSTER PARENTS' RIGHTS***

- shall, each year, be subject to and restricted by the level of funding specifically allocated for such purpose by the provisions of the general appropriations act;
- (1) The department shall provide clear, written explanation of the plan concerning the placement of a child in the foster parent's home. For emergency placements where time does not allow prior preparation of such explanation, the department shall provide such explanation as it becomes available. This explanation shall include, but is not limited to, all information regarding the child's contact with such child's birth family and cultural heritage, if so outlined;
  - (2) Prior to placement, the department shall allow the foster parent(s) to review written information concerning the child and allow the foster parent(s) to assist in determining if such child would be a proper placement for the prospective foster family. For emergency placements where time does not allow prior review of such information, the department shall provide information as it becomes available;
  - (3) The department shall permit the foster parent(s) to refuse placement within their home, or to request, upon reasonable notice to the department, the removal of a child from their home for good reason, without threat of reprisal, unless otherwise stipulated by contract or policy;
  - (4) The department shall inform the foster parent(s) of scheduled meetings and staffing, concerning the foster child, and the foster parent(s) shall be permitted to actively participate in the case planning and decision-making process regarding the child in foster care. This may include individual service planning meetings, foster care reviews, and individual educational planning meetings;
  - (5) The department shall inform a foster parent(s) of decisions made by the courts or the child welfare agency concerning the child;
  - (6) The department shall solicit the input of a foster parent(s) concerning the plan of services for the child; this input shall be considered in the department's ongoing development of the plan;
  - (7) The department shall permit, through written consent, the ability of the foster parent(s) to communicate with professionals who work with the foster child, including any therapists, physicians and teachers that work directly with the child;
  - (8) The department shall provide all information regarding the child and the child's family background and health history, in a timely manner to the foster parent(s) The foster parent(s) shall receive additional or necessary information, that is relevant to the care of the child, on an ongoing basis; provided that confidential information received by the foster parents shall be maintained as such by the foster parents, except as necessary to promote or protect the health and welfare of the child;
  - (9) The department shall provide timely, written notification of changes in the case plan or termination of the placement and the reasons for the changes or

## ***THE FOSTER PARENTS' RIGHTS***

termination of placement to the foster parent(s), except in the instances of immediate response for child protective services;

- (10) The department shall notify the foster parent(s), in a complete manner, of all court hearings. This notification may include, but is not limited to, notice of the date and time of the court hearing, the name of the judge or hearing officer hearing the case, the location of the hearing, and the court docket number of the case. Such notification shall be made upon the department's receiving of this information, or at the same time that notification is issued to birth parents. The foster parent(s) shall be permitted to attend such hearings at the discretion of the court;
- (11) The department shall provide, upon request by the foster parent(s), information regarding the child's progress after a child leaves foster care. Information provided pursuant to this subsection shall only be provided from information already in possession of the department at the time of the request;
- (12) The department shall provide the foster parent(s) the training for obtaining support and information concerning a better understanding of the rights and responsibilities of the foster parent(s);
- (13) The department shall consider the foster parent(s) as the possible first choice permanent parents for the child, who after being in the foster parent's home for twelve (12) months, becomes free for adoption or permanent foster care;
- (14) The department shall consider the former foster family as a placement option when a foster child who was formerly placed with the foster parent(s) is to be re-entered into foster care;
- (15) The department shall permit the foster parent(s) a period of respite, free from placement of foster children in the family's home with follow-up contacts by the agency occurring a minimum of every two (2) months. The foster parent(s) shall provide reasonable notice, to be determined in the promulgation of rules, to the department for respite;
- (16) (Effective February 1, 1998) Child abuse/neglect investigations involving the foster parent(s) shall be investigated pursuant to the department's child protective services policy and procedures. A child protective services case manager from another area shall be assigned investigative responsibility. Removal of a foster child will be conducted pursuant to Tennessee Code Annotated and departmental policy and procedures. The department shall permit an individual selected by the membership of the Tennessee Foster Care Association to be educated concerning the procedures relevant to investigations of alleged abuse and neglect by the department and the rights of the accused foster parent(s). Upon receiving such training, such individual shall be permitted to serve as advocate for the accused foster parent(s). Such advocate shall be permitted to be present at all portions of investigations where the accused foster parent(s) are present; and all communication received by such advocate therein shall be strictly confidential. Nothing contained within this item shall be construed to abrogate the provisions of chapter 1 of this title, regarding procedures for investigations of child abuse

## ***THE FOSTER PARENTS' RIGHTS***

- and neglect and child sexual abuse by the department of children's services and law enforcement agencies;
- (17) Upon request, the department shall provide the foster parent(s) copies of all information relative to their family and services contained in the personal foster home record; and
  - (18) The department shall advise the foster parent(s) of mediation efforts through publication in departmental policy manuals and the Foster Parent Handbook. The foster parent(s) may file for mediation efforts in response to any violations of the preceding tenets.
- (b) In promulgation of rules pursuant to subsection (a), the department shall provide forty-five (45) days written notification of public hearings, held pursuant to the Uniform Administrative Procedures Act, compiled in Title 4, chapter 5, to the president of the Tennessee Foster Care Association and the president's designee. (Acts 1997, ch. 549, §§2,3.)

## **GRIEVANCE PROCEDURES**

### ***(1) Complaints and Mediation***

- (A) Any foster parent who determines that the Department is in violation of the Foster Parents' Bill of Rights or otherwise has a complaint should first discuss their concerns with the Case Manager assigned to the foster home and attempt to work out an agreement. This step may involve showing the foster parent the written policy and procedures relative to approval of a foster home or ongoing casework activities. The Case Manager must respond to the foster parent's complaint within three working days.
- (B) If the Case Manager and the foster parent cannot reach an understanding, then the foster parent shall notify the Team Leader and request assistance from the Team Leader in mediating the conflict between the Case Manager and the foster parent. The Team Leader must respond to the foster parent's complaint and request for assistance within five working days.

### ***(2) Grievances***

- (A) If the Case Manager and the Team Leader cannot make corrections or adjustments, the foster parent shall notify the Team Coordinator in writing of their concerns and request an appointment with the Team Coordinator. A scheduled meeting between all parties with the Team Coordinator must take place within 7 working days of the

receipt of the foster parent complaint. The results of this meeting shall be documented in writing within 2 working days of the meeting; responsibility for the documentation is with the Case Manager with approval of the Team Leader. The Team Coordinator must then make a recommendation in writing for corrective action (or no action). Copies of the Team Coordinator's decision must be forwarded to all participants.

### (3) *Appeals*

- (A) Within 7 working days of the grievance hearing, the foster parents may elect to file an appeal with the Regional Administrator of the Department of Children's Services. Upon receipt of an appeal, The Regional Administrator reviews all the information, and either accepts the recommendation of the Team Coordinator, or, at their discretion, may schedule an additional interview with the foster parent(s), DCS staff, or other relevant parties. Copies of the Regional Administrator's approval or modification of the Team Coordinator's recommendation must be forwarded to all participants.

## **CHAPTER FOUR**

### **DCS POLICIES**

**Travel reimbursement**

**Out-of-state travel or overnight trips**

**Discipline**

**Life Story books**

**Removal of child from a foster home**

## **TRAVEL REIMBURSEMENT**

### **What are DCS policies regarding travel reimbursement to foster parents?**

Routine travel is included in the daily foster care board payment. However, foster parents will receive authorized reimbursement at the regular state rate for travel for extraordinary travel such as:

- medical, mental health or other therapy sessions out of the county
- court hearings or foster care review board meetings out of the county
- DCS requested family visit out of the county
- special school placement where school bus service is not provided
- hospital where support of a hospitalized child may enhance the recovery process

A completed and signed form should be submitted monthly. Mileage should be documented to verify the purpose of each trip.

## ***DCS POLICIES***

### **OUT-OF-STATE TRAVEL OR OVERNIGHT TRIPS**

#### **What are DCS policies regarding out-of-state travel with a foster child?**

Foster parents who want to take a foster child out-of-state must:

- secure written authorization signed by the case manager and the supervisor
- permission should be requested as far in advance of the trip as possible
- for overnight trips (in-state) of some distance the foster parent should notify the Case Manager although written authorization is not required
- prior approval by Department of Finance and Administration is required for any trip involving DCS business, when the state is being asked to reimburse the foster family for travel expenses. Ask your Case Manager for assistance in completing form FA-0633.

### **DISCIPLINE**

#### **What are DCS policies regarding discipline/punishment of a foster child?**

Discipline is a training process through which a child develops the self-control, self-reliance and orderly conduct necessary to assume responsibilities, make daily living decisions and live according to accepted levels of social behavior. The goals of discipline for foster children are:

- To problem-solve appropriate ways of getting needs met (i.e. needs for attention, ways to express feelings, etc.).
- To feel good about relationships with other adults and other children.
- To have a positive self-concept.

## ***DCS POLICIES***

In order to accomplish these goals the following guidelines should be followed:

- All discipline must be reasonable and responsibly related to the child's understanding, need and level of behavior. All discipline shall be limited to the least restrictive appropriate method and administered in an appropriate manner.
- Encouragement and praise of good behavior are often more effective than punishment, and are a must in disciplining a child. The child's acceptance of discipline and his/her ability to profit by it depends largely upon his/her feeling that he/she is liked, accepted and respected.
- Any discipline must be determined on an individual basis and be related to the undesirable behavior. Requiring children to accept the natural consequences of their acts may be a desirable experience provided consequences are not too drastic.

The following forms of punishment must not be used:

- Corporal punishment, such as slapping, spanking or hitting with any object.
- Cruel and unusual punishment.
- Assignment of excessive or inappropriate work.
- Denial of meals, and daily needs.
- Verbal abuse, ridicule or humiliation.
- Permitting a child to punish another child.
- Chemical or mechanical restraints.
- Denial of planned visits, telephone calls, or mail contacts with family or case manager.
- Threat of removal from home.



## **LIFE STORY BOOKS**

### **What is the foster parent's responsibility toward the keeping of a "Life Story book"?**

The department takes the position that foster parents should participate in keeping a "life story book" for the following reason and in the following manner:

- A "Life Story book" is a valuable means of establishing "roots" for a child as they move through and out of foster care. It is particularly important for the older child preparing for emancipation.
- Foster parents are asked to participate in carrying out the "Life Story book" with photographs and journal entries recording the highlights of the child's stay in their home, including souvenirs, keepsakes, and other family memorabilia.

## **REMOVAL OF A CHILD FROM A FOSTER HOME**

### **When may a foster child be removed from a foster home and what may the foster parents expect?**

The foster parents may expect a 10 day notice of DCS intent to remove a foster child if the child has been in the foster home for 12 months or longer and under the following circumstances

- The child is being moved to an adoptive placement. The child's record must show that adoption has been discussed with the foster parents
- The child is being placed in another foster care facility
- The child is being placed with relatives

### ***DCS POLICIES***

The foster parents may appeal these placements. The Case Manager will assist you and provide guidance in how to initiate and carry out the appeal process.

A 10 day notice of the department's intent to remove a foster child from the foster home is NOT required under these circumstances:

- The child is being returned to parent or legal guardian
- Court order required removal from the foster home
- The foster parents request the removal of the child
- In an emergency situation where harm or imminent danger exists

Notice of removal should be given, however, as far in advance as possible.

## **CHAPTER FIVE**

### **THE DECISION MAKING PROCESS**

**How decisions are made**

**Termination of parental rights**

**How foster parents participate in decision making**

## *THE DECISION MAKING PROCESS*

### **HOW DECISIONS ARE MADE**

#### **Who makes decisions about the child's stay in foster care?**

All children placed in foster care or custody are subject to **foster care review**. This is the system by which all major decisions regarding the foster child are made. The **foster care review system** consists of:

**PLAN** Outlines the steps necessary to achieve the permanency goal for the child; must be **developed within 15 days** of the date of custody; must be **reviewed and updated at least annually** unless the child is in permanent foster care; must be formally **approved by the court within 60 days** of the date of custody. **The court must approve any significant revisions** to the plan. The content of the plan should be shared with the foster parent but they will not receive a copy. They will, however, receive a copy of the health and education portions of the plan.

**PERIODIC REVIEW PROGRESS REPORT** **Determines the progress** made toward accomplishment of the permanency goal. The review is conducted by a **Foster Care Review Board** of citizens appointed by the court or by the Court itself at 90 days and every six months thereafter. DCS may perform the periodic review using an **internal review panel** if the court fails to carry out the periodic review. DCS provides the court, foster care review board or internal review panel a **written report of the findings of the review** including the date of the next review. Foster parents should be notified of the foster care review board meetings and encouraged to attend or to provide written information to the Board.

**PERMANENCY PLANNING HEARING** This court hearing is conducted to **review the child's status** and must **occur within 12 months of the initial placement and every 12 months thereafter** until a permanency plan is achieved or the child turns eighteen (18) years of age. This hearing is held before the juvenile court judge or referee or other court of competent jurisdiction. Foster parents should be notified of the permanency planning hearing and encouraged to attend.

## TERMINATION OF PARENTAL RIGHTS

### What are the grounds for termination of parental rights?

**Note:** *The following information is intended to provide a brief overview of the grounds for termination of parental rights. Case Managers should consult with their policy manual, Tennessee Code Annotated, Section 36-1-113, as well as DCS legal counsel for complete information.*

The conditions which appear to justify termination of parental rights against a parent's will are:

<b>ABANDONMENT</b>	<p>A parent has <b>willfully failed to visit</b> or to engage in more than “token” visitation for four (4) consecutive months, or</p> <p>A parent has <b>willfully</b> failed to make reasonable child support payments for 4 consecutive months, or</p> <p>An incarcerated parent willfully failed to visit or to engage in more than “token” visitation for the four(4) consecutive months immediately before being incarcerated, or</p> <p>A biological father willfully failed to make reasonable payments toward support of the child’s mother during the last four (4) months of her pregnancy, or</p>
<b>“WANTON DISREGARD”</b>	<p>A parent who is now incarcerated “engaged in conduct prior to incarceration which exhibits wanton disregard for the welfare of the child.”</p>
<b>”LACK OF CONCERN”</b>	<p>The child was found dependent and neglected and placed in foster care; <b>and</b> the Department made reasonable efforts to prevent removal or it was an emergency; <b>and</b> the Department has made <b>reasonable efforts</b> for four (4) months to assist the parents to establish a suitable home for the child; <b>and</b> the parents have “made <b>no reasonable efforts</b> to provide a suitable home and have <b>demonstrated a lack of concern</b> for the child to such a degree that is appears unlikely that they will be able to provide a suitable home for the child at an early date.”</p>

## ***THE DECISION MAKING PROCESS***

<b>SUBSTANTIAL NONCOMPLIANCE WITH THE FOSTER CARE PLAN</b>	The parent was informed of the responsibilities on the plan; the requirements were reasonable and were related to remedying the conditions which necessitate foster care, and the parent fails to <b>substantially comply</b> with those responsibilities.
<b>CONDITIONS</b>	The child has been in foster care for 6 months; <b>and</b> the conditions which led to removal continue; <b>or other conditions</b> persist which “in all reasonable probability” would cause the child to be abused or neglected if returned to the parent; <b>and</b> there is little likelihood that the conditions can be remedied in the near future; <b>and</b> continuing the legal parent-child relationship diminishes the child’s chances of early integration into a stable and permanent home.
<b>SEVERE CHILD ABUSE</b>	The parent has committed <b>severe child abuse</b> against this child, a sibling, a half-sibling, or any other child who was residing temporarily or permanently in the home. The finding of severe child abuse may be made by the Juvenile Court and it is not necessary that there be a criminal court conviction or even a prosecution. If the parent was actually convicted and sentenced to <b>incarceration for more than two (2) years for severe abuse</b> of any child listed above, that is an independent ground for termination.
<b>TEN-YEAR PRISON SENTENCE</b>	A parent is sentenced to incarceration in any type of correctional facility for 10 or more years if the child is under 8 years old at the time of sentencing. The nature of the parent’s crime is irrelevant.
<b>MENTAL INCOMPETENCE</b>	The parent is not mentally competent to function as a parent. This standard is not equivalent to the standard for involuntary hospitalization, appointment of a conservator, to any determination of incompetence for other purposes, although the Court would certainly take such facts into consideration.

In addition to the grounds discussed above, the parental rights of an **alleged biological father** (a man who was not married to the mother at the time of the child’s birth and has not petitioned to legitimate the child) may be terminated because he:

- failed to pay a reasonable share of the prenatal and birth expenses promptly upon receipt of notice of the child’s impending birth;
- failed to pay guidelines support;
- failed to seek reasonable visitation or to visit;
- failed to file a petition to legitimate within 30 days after receiving notice that he is believed to be the biological father.

### ***THE DECISION-MAKING PROCESS***

Rights of an alleged biological father may also be terminated when awarding legal and physical custody of the child to that person “would pose a risk of substantial harm to the physical or psychological welfare of the child.”

#### **ADOPTION AND SAFE FAMILIES ACT**

The Adoption and Safe Families Act of 1997, federal legislation which went into effect on November 19, 1997, requires states to begin proceedings **to terminate parental rights** in the following situations.

- For children who have been in foster care for 15 of the last 22 months
- When a court has determined a child to be an abandoned infant; and
- In cases where a parent has committed murder or voluntary manslaughter of another child of the parent or a felony assault that has resulted in serious bodily injury to the child or another child.

Exceptions can be made to these requirements if:

- The child is in the care of a relative;
- There is a compelling reason why filing is not in the best interest of the child.
- DCS did not provide the child’s family services deemed necessary to return the child to a safe home.

## **CHAPTER SIX**

### **FINANCIAL AND INSURANCE MATTERS**

**Established board rates and clothing allowances**

**"Extra" expenses**

**Medical expenses**

**Procedure for Medical Services Reimbursement**

**"Special" clothing outlay**

**Allowance for the child**

**Reimbursement for damages**

**Appealing financial decisions**

**Liability insurance**



***FINANCIAL AND INSURANCE MATTERS***

**BOARD RATES AND CLOTHING ALLOWANCES**

**What are the established board rates and clothing allowances?**

DCS Board Rates are tied to the USDA cost of raising a child in the urban south, and include housing, food, transportation, clothing, and miscellaneous. Please refer to DCE policy 16.29 for the current board rates.

**"EXTRA" EXPENSES**

**What is DCS's position on "extra" expenses such as Christmas, birthday, graduation, other special expenses?**

The department's position regarding "extra" expenses includes:

<b>CHRISTMAS</b>	Voluntary donations to foster children are placed in a special fund which allocates money for special needs including Christmas.
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## ***FINANCIAL AND INSURANCE MATTERS***

<b>BIRTHDAY</b>	DCS does not provide money for birthday gifts. The expectation is that the foster family will provide this.
<b>GRADUATION</b>	Maximum allowable amounts are as follows:  \$100 for a class ring  \$75 for other expenses such as a yearbook, rental of cap and gown, senior prom, or out-of-town trip
<b>OTHER SPECIAL REQUESTS</b>	Case Managers are required to respond promptly to requests for special items, services, or other assistance on behalf of the child. Before an expenditure is incurred the foster parents should consider the urgency of the need and discuss it with the case manger. Out-of-pocket expenses are only reimbursable if approved by the Case Manager. Out-of pocket expenses must be adequately documented.

## **MEDICAL EXPENSES**

### **How are medical expenses handled and what is reimbursable to the foster parents?**

Most children in foster care have TennCare coverage. Some children have health coverage from their parents' private insurance. The foster parent should check with the Case Manager regarding the procedure on paperwork for children not covered by TennCare. Foster parents may want to remember the following **points regarding use of TennCare**:

- TennCare **cards** for children are sent to the foster home.
- TennCare cards should **always be taken** to the doctor, dentists, emergency room, hospital or other appropriate places.
- Your Case Manager will help you identify the child's primary health care provider through the child's assigned TennCare MCO (Managed Care Organization).
- Use the child's TennCare number to secure prescription drugs.

## **"SPECIAL" CLOTHING PURCHASES**

### **Is there a "special" clothing outlay? How much and under what conditions?**

In unique or special circumstances, such as a sudden growth spurt by the child, loss of clothing, or a fire in the foster home, an extra or "special" clothing outlay may be authorized: Foster parents should discuss this request with the case manager, who will document the need for clothing in writing and submit to the supervisor for approval.

The amount depends on the age of the child, and can never exceed the amount of the initial clothing purchase, currently:

<u>AGE RANGE</u>	<u>AMOUNT</u>
0 through 2 years	\$115
3 through 4 years	\$170
5 through 12 years	\$150
13 years and over	\$200

## **ALLOWANCE FOR THE CHILD**

### **Are foster parents expected to give a foster child an allowance? If so, how much?**

The regular board rate includes an amount for the child's allowance. It is important for children to learn how to manage money and it is anticipated that children in foster care will have this experience. The amount of allowance will depend upon the child's age and particular needs. A recommended allowance for adolescents is at least \$7.00 per week.

## **REIMBURSEMENT FOR DAMAGES**

### **Are foster parents eligible for reimbursement of damages done to their property by foster children? What is the process?**

Foster parents may be eligible for reimbursement of damages done by a foster child. The process is as follows:

## ***FINANCIAL AND INSURANCE MATTERS***

- Call your Case Manager for assistance in filing a claim with the State Division of Claims.
- The State Division of Claims Administration, Tennessee Claims Commission will process your claim for possible reimbursement

## **APPEALING FINANCIAL DECISIONS**

### **May foster parents appeal decisions regarding financial matters? What is the process?**

The process for appealing fiscal decisions is the same as for any other grievance. (See Chapter Three: The Foster Parents' Rights)

## **LIABILITY INSURANCE**

### **Should foster parents secure liability insurance? Where and how?**

A foster parent under contract with the Department may wish to secure liability insurance. If the foster parent acts "outside the scope of their employment", or in violation of the Department's policies and procedures, or engages in criminal conduct, then he or she may be sued. If a foster parent is sued, the Case Manager should be notified in order to consult with the DCS legal division.

All lawsuits have strict time limits in which to respond, so foster parents should notify their Case Manager immediately if they are sued. DCS legal counsel and the Attorney General's office do not provide any representation for alleged criminal acts, whether within the scope of employment or not.

Failure to comply with Department policies or rules relating to care of foster children or acts of gross negligence may place the foster parent at legal risk. With this in mind, foster parents must decide whether they feel the need to carry liability insurance coverage for any additional potential liability. Claims involving foster parents are heard by the Tennessee Claims Committee Administrative body or court, depending on the nature of the suit.

Ask your Case Manager or call the Central Office at (615) 532-5619.

## **CHAPTER SEVEN**

### **LEGAL ISSUES**

**Allegations of abuse**

**Considerations after the Investigation**

**Defensive Training**

**Lawsuits brought against Foster Parents**

## ***LEGAL ISSUES***

# **ALLEGATIONS OF ABUSE**

### **What happens when a foster parent is accused of abuse?**

The process is the same when a foster parent is accused of abuse as when any other adult is so accused. The primary focus is **always** the protection of the child. When an allegation of abuse is made the process is:

- a report of abuse is received
- records are checked; the case is assigned
- Child Protective Investigative Team (CPIT) notified by DCS
- a safety plan for child is developed while the investigation is conducted
- a medical exam (psychological if appropriate) of the child is obtained
- the child is interviewed. The Case Manager worker may accompany the Child Protective Services Case Manager who conducts these interviews
- other witnesses are interviewed
- an interview with non-accused parent may be conducted
- the alleged perpetrator will be interviewed
- findings will be studied and a decision is made as to whether the evidence indicates the allegations are indicated or unfounded
- written notification is provided to the alleged perpetrator of whether the incident was indicated or unfounded

The foster parent's Case Manager will be involved in assisting the investigative team. Foster parents can expect that information will be shared about:

- the foster home record
- information passed on to the investigative team regarding demonstrated behavior on the part of the child indicative of a heightened sexuality and preoccupation with sex or whether the child has a history of making allegations of abuse
- details of the child's past victimization, if any

When the investigative team completes its work and finds there is insufficient evidence to support the allegations a meeting shall take place with the Case Manager, Team Leader, and Team Coordinator to discuss the future status of the home and safeguards to protect the best interest of the foster child.

## **ACCUSATIONS OF ABUSE - DEFENSIVE TRAINING**

DCS offers training for foster parents aimed at raising their awareness about sexual abuse issues and how they might be able to work better with victims of child sexual abuse. Ask your Case Manager when this training might be scheduled.

## **LAWSUITS BROUGHT AGAINST FOSTER PARENTS**

If a foster parent is sued, the Case Manager should be notified. The foster parent may be entitled to representation paid for by the State or for representation by the State Attorney General's office if the alleged negligent or criminal acts were in the scope of the foster parent's "job". The foster parent must have been acting within the scope of their responsibilities and in compliance with DCS policy and the foster care placement contract.

As long as a foster parent provides proper care and supervision of the foster child, they are not legally responsible if the foster child should damage someone else's property. If their homeowner's insurance covers damage done by the foster child they may want to try to work out an arrangement with the person who suffered the damages. (See Chapter Six: Financial and Insurance Matters)

## **CHAPTER EIGHT**

### **SPECIALIZED FOSTER HOMES**

**Emergency foster homes**

**Special needs foster homes**

**Group homes**

**Kinship foster homes**



## ***SPECIALIZED FOSTER HOMES***

### **EMERGENCY HOMES**

#### **What constitutes an "emergency" foster home?**

Emergency foster homes are available on a 24 hour basis. Emergency foster homes will provide sleeping arrangements, meals, and personal hygiene facilities to children placed overnight, with an agreed return to the DCS office the morning of the following business day.

They receive a higher per diem board rate per child for a maximum of three days. Emergency foster parents shall be paid \$50 per night per child. This payment includes all costs for each contracted child.

### **FOSTER HOMES FOR CHILDREN WITH SPECIAL NEEDS**

#### **What is a special needs foster home?**

Foster homes that care for children with special needs (i.e. frequently destroys property, requires extra care due to physical, emotional, or mental handicaps). Sometimes these foster homes work only with medically fragile children, which requires specialized training due to the child's medical condition. Case Managers determine the level of care needed and a negotiated foster care board rate appropriate to the child. (See Chapter Six : Financial and Insurance Matters)

### **GROUP HOMES**

#### **What defines a group home? What children are placed in them?**

Group homes may care for larger numbers of children and usually focus on a particular population requiring special training and treatment such as alcohol/drug treatment programs, independent living programs, etc. Requirements regarding space, accommodations, staffing are

### ***SPECIALIZED FOSTER HOMES***

well established through their provider contracts with the State, and they are carefully monitored. All group homes are licensed by the state. Some are church affiliated and supported. DCS reimburses these care givers when placing children and the Case Manager is expected to maintain face-to-face contact as often as possible, at least quarterly. DCS also utilizes residential treatment facilities and hospitals for children who are severely disturbed.

## **KINSHIP FOSTER HOMES**

### **What are kinship foster homes and how can relatives be approved as DCS foster homes?**

Kinship Foster Care is defined as a personal family residence approved by the Department of Children's Services to be used for the placement of their relatives (up to the third degree of relationship by blood or by marriage), minor children in the temporary legal custody of the Department of Children's Services.

Kinship Foster Care applicants will need to complete the basic application forms required by all foster parents, i. e. application, medical, release of information, financial, W-9, copies of birth certificates, marriage certificates, and proof of income if applicable. Criminal background checks and fingerprinting will be required. Smoke detectors and telephones will also be required.

Kinship Foster homes are required to complete PATH. Please see DCS policies 16.3 and 16.4 for more information.

## **CHAPTER NINE**

### **SPECIAL SITUATIONS/CONSIDERATIONS**

**Number of children any foster home may care for**

**Foster mothers working outside the home**

**Caring for other than DCS foster children  
(foster parents baby sitting)**

**Planning social and religious activities for the foster child**

**Seat Belts**

**Permission forms**

**Runaway foster children**

**Child care arrangements**

**Extended care for child over age 18**

***SPECIAL SITUATIONS/CONSIDERATIONS***

**NUMBER OF CHILDREN IN A FOSTER HOME**

**How many foster children may any one foster home care for and how are these decisions made?**

In determining the number and ages of children to be cared for in any foster home, the following factors are considered:

<b>ABILITY OF FOSTER PARENTS</b>	The stamina, capacities and skills of the foster parents
<b>SPACE</b>	Physical accommodations of the home
<b>STABILITY OF THE FAMILY</b>	Effect upon the equilibrium of the family as a unit
<b>ABILITY TO DEAL WITH BIRTH FAMILIES</b>	Capacity of foster family to deal with more than one birth family at a time if children are from more than one birth family
<b>LIMITATIONS</b>	No more than three foster children  No more than 2 infants (18 months or under) including the foster parents' own children  No more than 6 children, including the foster parents' own children  No more than 2 children in a Medically Fragile Foster Home

## ***SPECIAL SITUATIONS/CONSIDERATIONS***

### **FOSTER MOTHERS WORKING OUTSIDE THE HOME**

#### **What are the guidelines for foster mothers working outside the home?**

A foster mother of children of any age may work outside the home if the following conditions are met:

- foster father or other responsible adult is in the home and has the capacity to care for the children
- family and/or DCS can cover the cost of a suitable day care arrangement, and the foster parents can provide plans for suitable care of the child during emergencies

### **CARING FOR OTHER THAN DCS FOSTER CHILDREN**

#### **What are the limitations on foster parents caring for other than DCS foster children and baby sitting?**

Limitations placed on the foster home in caring for others or baby-sitting dictate that foster families may not:

- accept children or adults from other agencies unless approval is obtained from the Department

### **PLANNING SOCIAL AND RELIGIOUS ACTIVITIES FOR THE FOSTER CHILD**

#### **What are the guidelines for planning social activities for the foster child?**

It is recommended that the foster parent check with the Case Manager regarding decisions about social (or special) activities if there is any doubt. The department has clear cut policy regarding many activities. The following are some:

#### **ALCOHOL**

It is a misdemeanor to buy or furnish alcohol to any minor

### ***SPECIAL SITUATIONS/CONSIDERATIONS***

<b>SMOKING</b>	It is illegal to give, sell, or purchase any smoking material for a minor
<b>DATING</b>	General consensus indicates 16 is the general age most youth are allowed to car date with limitations depending on the youth. Prior to this many foster parents will transport their child to and from a mall, movie, school function, etc. to meet a friend.
<b>SEX</b>	Having sex with a child under 13 is aggravated rape; sexual penetration of another when the victim is at least 13 and the offender is at least 2 years older is statutory rape. It is expected that the foster parents would provide protection for the foster child from unwanted, illegal or unhealthy sexual activity while in the foster home
<b>OVER-NIGHT VISITS</b>	Foster children may be allowed to spend a night or weekend with a friend if the foster parent feels comfortable doing so. For longer than a weekend the foster parent should notify the Case Manager.
<b>RELIGIOUS ACTIVITIES</b>	Although foster families may include their foster children in church attendance, flexibility and consideration toward the beliefs of others is required. The birth parents may come from a different religious persuasion and have strong feelings about that part of their child's life. Any choice made by or commitment on the part of the child should be discussed with the Case Manager.

### **SEAT BELTS**

The law requires the use of a seat belt for persons 4 years old or older and the use of a child passenger restraint system meeting federal safety standards for a child under 4. Car seats are available through your DCS office. You may want to check your car insurance policy. Many companies will not cover you in case of an accident if you are not using your seat belts.

### **PERMISSION FORMS**

#### **Are foster parents allowed to sign permission forms?**

No. Permission forms, releases or waivers should be discussed with and/or given to the Case Manager. A decision will be made by the department's attorney as to whether or not a representative of the department can sign a release. Some permission forms require the consent of the natural parents even though the child is in DCS custody.

## ***SPECIAL SITUATIONS/CONSIDERATIONS***

### **RUNAWAY FOSTER CHILD**

**What should foster parents do if a foster child runs away from their home?**

Contact the police and the Case Manager immediately.

### **CHILD CARE ARRANGEMENTS**

**What are the guidelines for child care arrangements of foster children?**

While state law and Child Protective Services policy do not refer to a particular age, but depend on other factors to evaluate the safety of the children, foster parents can consider the following as a good "rule of thumb":

- children birth through age 9 cannot be left unattended for any length of time
- children 10 through 12 may be left unattended for a maximum of 4 hours
- children 10 through 12 may attend to younger siblings for a maximum of 2 hours
- no foster child under 18 can be left unattended overnight

Foster parents are cautioned that these are "general" guidelines which would apply to children residing in their home of birth. The guidelines for foster parents need to be established on an individual basis for each child and with the approval of the Case Manager. Consideration must be given to the physical, emotional, and mental maturity of the child, as well as the circumstances under which they are expected to attend to younger siblings.

### **INDEPENDENT LIVING SERVICES FOR CHILD OVER AGE OF 18**

**When may a foster child continue receiving services beyond the age of 18?**

A foster child may continue receiving support services to promote independent living after the age of 18 or may return for foster care services under certain circumstances with specific provisions.

## ***SPECIAL SITUATIONS/CONSIDERATIONS***

### **How may foster parents participate in the decision making process?**

**As a member of the team the input of foster parents is vital.** Daily progress toward forming healthy relationships, ability to moderate negative behaviors, response to birth parents' visitation, etc. are factors best observed by the family with whom the child lives. Specific ways in which foster parents may participate in decisions being made about their foster child are:

- |                           |   |
|---------------------------|---|
| <b>PLAN</b>               | Although the Permanency Plan will likely have been developed prior to placement in a given foster home the foster parents <b>should review the plan to understand the permanency goal and tasks which must be accomplished.</b>   |
| <b>PERIODIC REVIEW</b>    | Foster parents may request <b>permission to address the Periodic Review</b> (Foster Care Review Board or Internal Review Panel) if they feel their input can best be made in person. Indeed foster parents are sometimes invited to serve on the FCRB. They shall be informed when their child's case is up for review and encouraged to attend or to communicate in writing the information they want to share with the review board/panel.  |
| <b>CITIZEN'S ADVOCATE</b> | Several organizations advocate for foster children. (Some of these, such as CASA, Surrogate Parents Program, Foster Care Review Board, etc. are described in the Resource Index.) Interested foster parents may contact their local chapter, make their concerns known and offer their services. Local Foster Care Associations and the Tennessee Foster Care Association offer total focus on foster care issues and welcome the involvement of all foster parents and others concerned about foster children. Ask your Case Manager or call the DCS Central Office at (615) 532-5619 to obtain information. |



## **CHAPTER TEN**

### **IN-SERVICE TRAINING FOR FOSTER PARENTS**

**DCS position**

**Available courses**

**Foster parent participation in choices**

## **DCS POSITION**

### **What is the DCS position regarding foster parents attending in-service training?**

The Department of Children's Services requires 15 hours of in-service training each year. There is a required sequence of in-service training for the first year of service, which includes cultural diversity, sexual abuse, working with birth parents, and discipline. In subsequent years foster parents are free to select from a variety of courses. Foster parents cannot remain in approved status without in-service training.

## **AVAILABLE COURSES**

### **What training is available to foster parents and how are they informed of these events?**

Each county is required to update its University of Tennessee foster parent mailing list once a year. This is for the purpose of assuring that all foster parents are notified, by mail, of upcoming training events offered by the University of Tennessee. Additionally, Case Managers are instructed to personally notify their foster parents of these events and to encourage their attendance. Currently the training menu for foster and adoptive parents offers:

<b>CONFERENCES</b>	A one-day conference in each district each year offering a variety of workshops selected by the training task force.
<b>TFCA ANNUAL CONFERENCE</b>	The department, through the University of Tennessee training grant, supports the annual Tennessee Foster Care Association Annual Conference. This is an over-night conference with lodging and meals paid for foster parents.
<b>SPECIAL WORKSHOPS</b>	Special workshops on specific topics are offered through local foster care associations in conjunction with their meetings.

## ***IN-SERVICE TRAINING FOR FOSTER PARENTS***

### **ONE-DAY WORKSHOPS**

Offered on critical issues such as sex abuse, discipline, etc. upon request from the University of Tennessee Social Work Office of Research and Public Service Foster/Adoptive Parent Training Program.

### **INDEPENDENT LIVING TRAINING**

Through the University of Tennessee Social Work Office of Research and Public Service the Department offers a special program to prepare adolescents for independence. This program offers:

1. a 2-3 day training program for foster parents/staff who are working with adolescents to prepare them for life on their own.
2. a computer-based assessment of the adolescent's needs and training suggestions for meeting these needs. This is done on an individual basis upon request of the Case Manager or the foster parent

### **OTHER TRAINING**

Other training options include special events offered by school systems, mental health facilities, and other public service resources. Journals, magazine articles, videotapes, and books may be used for individual study. The Case Manager will offer suggestions and help to provide these resources.

## **FOSTER PARENT PARTICIPATION IN CHOICES**

### **How may a foster parent make their wishes/concerns known regarding training?**

Foster parents are invited to serve on the regional foster/adoptive parent training task force. Ask your Case Manager. Additionally, foster parents may discuss their concerns about specific training needs with

- local foster care association
- state foster care association
- University of Tennessee Social Work Office of Research and Public Service  
call collect at 1-800-206-6390
- DCS Central Office (615-532-5619)

## **CHAPTER ELEVEN**

### **FOSTER CARE ASSOCIATIONS**

**Purpose**

**DCS support**

**Benefits to Foster Parents**

## ***FOSTER CARE ASSOCIATIONS***

### **PURPOSE**

#### **What purposes are served by local and state foster care associations?**

Local and state associations serve to:

- advocate for the rights of foster children
- advocate for permanency for children
- advocate for education and training of foster parents
- assist in recruitment and training of new foster parents
- provide information on foster parent issues and services
- advocate for improvement in the quality of foster care services

### **DCS SUPPORT**

#### **How does DCS encourage and support foster care associations?**

The Department was instrumental in organizing the first foster care associations and believes strongly in their positive capacities. It demonstrates its support by:

<b>COMMUNICATE</b>	Encouraging case managers to communicate their confidence in the local and state associations to new and existing foster parents and to inform them of special events sponsored by local and state associations.
<b>PARTICIPATE</b>	Case managers are encouraged to attend meetings and to be an active participant in the association.
<b>LIAISON</b>	If asked, case managers will serve as the official liaison between DCS and the local association.

## ***FOSTER CARE ASSOCIATIONS***

### **BENEFITS**

#### **How does the state association benefit foster parents?**

Being a member of the Tennessee Foster Care Association entitles foster parents to many benefits, some of which are:

<b>NETWORK</b>	A wide network of foster parents across the state.
<b>LEGISLATIVE IMPACT</b>	Active work on legislative committees for increase in board rates (TFCA lobbied successfully for the past and current rate increases as well as a semi-annual clothing allotment); the Foster Parents' Bill of Rights, and policy changes such as expediting permanency planning, etc.
<b>RECOGNITION</b>	Eligible for the awards presented by the TFCA annually: "State Foster Parent of the Year", "State Worker of the Year", "State Local of the Year", and the "President's Award"
<b>TRAINING</b>	TFCA advocates for quality training events on critical topics to be readily available to all foster parents.
<b>ADVOCACY</b>	Collective power to bargain effectively to affect change and action when needed.
<b>ACCESS TO DCS LEADERSHIP</b>	TFCA leaders communicate on a regular basis with DCS leadership on the regional and state level. A DCS state office liaison person attends all state association executive board meetings.
<b>ACCESS TO NATIONAL RESOURCES</b>	TFCA is a member of the National Foster Parent Association and therefore accesses special resources.
<b>PROBLEM SOLVING</b>	Access to regional directors and other TFCA members in each region to discuss problems and complaints. Telephone numbers of state association officers are available for consultation.
<b>SPEAKERS</b>	Can be provided for local association meetings.

***FOSTER CARE ASSOCIATIONS***

**TAX  
EXEMPTIONS**

Use of the TFCA tax exempt number is available to local associations only.

**FOOD  
BANKS**

Approved local associations, under the TFCA umbrella, may access local food banks effecting considerable food cost savings.

## **CHAPTER TWELVE**

### **FOSTERING ADOLESCENTS**

#### **Preparing for independence**

##### **Care after Age 18**

##### **Employment**

##### **Driver's license**

##### **Marriage of a minor**



## **PREPARING FOR INDEPENDENCE**

Foster parents play a central role in helping adolescents to prepare for life after foster care. The youth's preparation for independence works best in the natural context of a family. Foster parent(s) have the most knowledge and contact with the young persons in the home. They are expected to guide youth and teach them skills for living on their own. Foster parents observe whether or not a young person has mastered a life skill in a certain area; they also have to deal with the difficult behaviors that occur in adolescence, as well as those that result from the adolescent's experience in foster care. Clearly, foster parents are an integral part of the service team and are to be encouraged to work as partners with the Department to prepare adolescents for independent living.

### **What provision does DCS make for preparing adolescents for independence?**

An Independent Living Plan, documented in the Permanency Plan, must be developed for all youth 16-21. The **plan will include:**

#### **LIVING ARRANGEMENT**

Best living arrangements conducive to learning independence

#### **TRAINING IN LIVING SKILLS**

Provided either by trained foster parents, Case Manager **BASIC** or by staff or specialized Independent Living Residential program (See Chapter Ten: In-Service Training)

#### **SKILLS**

The following options will be addressed:

- Appropriate education options
- Sex education
- Job skill training and preparation; maintaining a job
- Finding and maintaining housing
- Obtaining food, clothing
- Obtaining health care
- Managing money
- Finding appropriate recreational services
- Using public transportation
- Learning how to shop for a car and the cost of maintaining the car
- Communication and social skills
- Decision-making
- Problem-solving

## ***FOSTERING ADOLESCENTS***

- Personal attributes of self-esteem
- Ability to confront anger, manage past losses
- Develop relationships
- Coping with the effect of separations, especially loss and grief
- Establishing healthy connections with others in their social environment without the usual biological family supports

### **SPECIAL SERVICES**

Treatment and support services where appropriate; consideration of any impairment and appropriate referral to Vocational Rehabilitation where justified

### **What is the role of the foster parent?**

The foster parent role in preparing adolescents for independence involves:

<b>SUPPORT</b>	Supporting all efforts stipulated in the Independent Living Plan
<b>ENCOURAGE</b>	Providing encouragement and moral support to the adolescent
<b>TEACH</b>	Teaching life skills in the context of the family
<b>LIFE STORYBOOK</b>	Updating the Life Story Book
<b>TRAINING</b>	Attending training as described in Chapter 10 to be able to assess and teach the youth needed basic skills

## **PLANNED PERMANENT LIVING ARRANGEMENTS FOR CHILD OVER AGE OF 18**

### **When may a youth continue to receive services beyond the age of 18?**

The conditions under which a youth may continue to receive services beyond the age of 18 are

<b>MENTALLY RETARDED</b>	If the youth is mentally retarded and appears to be unable to manage his/her own affairs a conservatorship or limited guardianship may be sought. A child diagnosed as mentally retarded may continue to receive services until arrangements can be completed for adult services to the mentally retarded.
<b>IN SCHOOL</b>	If the child is in an educational program or a job training program

## ***FOSTERING ADOLESCENTS***

### **EMANCIPATION/ INDEPENDENCE**

Child is working toward the goal of emancipation/independence and wishes to continue to receive services.

### **RETURN FOR SERVICES AFTER AGE 18**

If the youth is under the age of 21 and has been discharged from foster care he may receive services voluntarily with the approval of the case manager and the regional administrator. The decision to offer the youth services would hinge on a variety of factors, including:

- length of time the child had been in DCS custody prior to leaving
- whether the child was in DCS guardianship
- existence of previous care givers willing to take the child back
- whether the youth would be a good candidate for specialized independent living program
- whether the youth is willing to set goals and work with DCS and care giver toward achieving these goals

### ***How will the Department support youth who want to continue their education past high school?***

Foster parents who have youth in their homes who are attending college while they are living in their home continue to be eligible to receive the regular board rate. If the youth lives on campus, it is expected that most of the board rate will go to the youth for college expenses. With assistance from the residential case manager, a budget must be developed that incorporates the young person's financial aid package and personal earnings of the youth. Money is available to the youth for college start-up expenses.

## **EMPLOYMENT**

### **What is the policy regarding foster youth employment?**

Foster youth are allowed to work while in school or during summers as long as their grades are acceptable and they are not breaking state/federal Child Labor Laws. (See Appendix B: Child Labor). As a condition of remaining in foster care past their 18<sup>th</sup> birthday, a youth must be employed at least part-time. This employment may be in the summers only.

## **DRIVER'S LICENSE**

### **Can teenage foster children get driver's licenses? Who signs?**

Department staff may not sign consent for a foster child to secure a driver's license. A foster parent may, but is personally accepting financial responsibility. Should a foster parent decide they want to allow the child this opportunity they should adhere to the following guidelines

- if parents are available, they should be consulted
- insurance coverage must be provided by the foster parents, the child or the birth parents
- the department must verify that the child is properly insured
- should the child leave the foster home, the foster parents should notify the Department of Safety of this fact and of their intent to discontinue financial responsibility

## **MARRIAGE OF A MINOR**

### **What is the policy regarding marriage of a minor foster child?**

A child under 16 years of age is prohibited by Tennessee law to marry without a waiver from an appropriate court.

A child between the ages of 16 and 18 years cannot marry without the consent of the parents, guardian, next of kin, or party having custody of the child.

Refer to Tennessee Code Annotated, 36-3-105, 106, and 107.

## **APPENDIX A**

### **IMPORTANT INFORMATION STATEMENT TO FOSTER PARENTS ON HIV ANTIBODY TESTING FOR CHILDREN**

# **IMPORTANT INFORMATION STATEMENT**

## **to FOSTER PARENTS on**

### **HIV ANTIBODY TESTING for CHILDREN**

It is important that you read and understand the following information before you request that a child be given the HIV Antibody test. HIV stands for Human Immunodeficiency Virus, the virus which causes AIDS. Children should be referred by their Residential Case Manager to their physicians for Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program, to determine whether the history and symptoms warrant testing for HIV if:

- A. Child exhibits symptoms. HIV infections can have a variety of effects on infants and children. The course of infection in children include the following conditions when they persist for several months or recur over time:
  - persistent fever
  - chronic or recurrent diarrhea
  - chronic or recurrent cough
  - persistent or recurrent swollen lymph glands
  - chronic or recurrent ear infections
  - persistent thrush
  - failure-to-thrive
  - developmental delays
- B. HIV tests are positive for either parent;
- C. Either parent has a history of HIV infection or has died from HIV infection;
- D. The child has been or is suspected to have been sexually abused and there was intimate sexual contact;
- E. The parent has been involved in risk behaviors associated with HIV and the child was born after 1984;

- F. The child has been involved in risk behaviors associated with HIV.

### **What test will be done if requested?**

A blood sample will be taken from your child by the child's regular health care provider and tested in a laboratory. The tests that will be done cannot directly show if the virus is in the blood. Instead, the tests look for antibodies that the body makes to fight off the virus. In adults, having antibodies in your blood shows that you have been infected with the virus. For babies under the age of two, having antibodies does not always mean that the child has the virus.

The Health Department can test youth 13 and over who want to voluntarily consent to a test. However, these results are confidential and the Health Department only shares the results with the youth.

### **What do the results mean?**

#### POSITIVE RESULT

The meaning of a positive HIV test result is different for children under two years old and children over two.

##### A. Children under 2 years old

The results from HIV antibody testing for children under 2 years old are less certain than they are for older children and adults. If your child is under 2 years old, a positive test result means that your child has about thirty to fifty (30-50) percent chance of being infected with the virus. You may not know for sure until the child is two years old.

A baby who has a positive test result should be retested periodically and followed by a pediatrician familiar with the signs and symptoms of HIV disease. It may take several months for the pediatrician to determine whether or not the child is infected.

##### B. Children over 2 years old

A positive result in a child over 2 years old shows that the child is definitely infected with the virus, but this does not always mean that the child has AIDS or will develop AIDS.

A child with a positive test result who is over 2 years old should receive regular care from a pediatrician who knows about AIDS and HIV-related illness. The Department can refer you to a doctor in your area. If a child is infected, there are several treatments which may improve the child's quality of life.

#### NEGATIVE RESULT

A negative result always means the child is not infected with HIV.

## INCONCLUSIVE RESULT

A very small number of results are neither positive nor negative. This means that we cannot conclude anything from the test. This can be due to a number of medical factors which may have nothing to do with AIDS. Any child with an inconclusive result should be tested again in 3 months.

### **How do I care for an HIV infected child at home?**

For the most part, caring for a child with HIV is like caring for any other child. You don't need to worry about getting AIDS from your child or about other children in your home getting the virus. A child with the virus will not pass it on to schoolmates, playmates, or people in your family. Although there have been no documented cases of AIDS transmitted by casual contact in the home, there are a few precautions you should take to keep your child and your family healthy.

1. Make sure your child gets good medical care from a doctor who knows about HIV illness in children. The Department and the child's Managed Care Organization (MCO) can help you find one.
2. Be sure to ask your pediatrician if there is anything special you should know before your child or other family members get immunizations.
3. Make sure your child gets a balanced diet.
4. Hugging and kissing will help keep your child healthy.
5. There is no reason to treat your child differently from any other child. Children who have the virus and who are not ill can do everything that other children can do.
6. Regular hand-washing is very important. Teach your children to wash their hands carefully before and after eating, feeding another child, using the toilet, or changing another child's diapers. Follow these precautions yourself.
7. If your child has an accident which results in bleeding, use soap and water to thoroughly clean the wound and any soiled surfaces. You may further clean household surfaces with bleach or another disinfectant. Never clean any part of the body with bleach. If you have cuts or open sores on your hands you should use rubber gloves to clean up your child's blood.
8. If you have further questions about caring for an HIV-infected child, your pediatrician will provide you with guidance and support.



Special board rates for extraordinary care are available. Please consult with your Residential Case Manager. Also, respite care should be made available to you.

### **THE TEST IS CONFIDENTIAL BUT CAUTION!**

Like other medical information, HIV test requests and results are confidential. Because of the danger of embarrassment or discrimination, agencies take extra precautions to safeguard information about HIV infection and AIDS.

If your child's test result is positive and others find out, you and your child could experience unfair discrimination, even though this is illegal. You could have trouble on your job or with housing, health insurance or life insurance. You may also have problems arranging baby-sitting, day-care or school for your child. These are things to think about before requesting the test. If you care for an HIV-infected child you should consult with your case manager before you tell anyone else that the child has the virus.

### **Should I ask to have my foster care child tested?**

If you feel that your foster child has been at risk, please request the test. However, please remember

1. Some people want to know all they can about their child's health. If you learn that the child in your care does not have the virus, you will feel happy for the child and relieved that the child will not get sick from AIDS.
2. If the child has medical problems, having the test information may help you understand what is happening and help you make sure the child gets good medical care.
3. Whether it shows the HIV antibodies or not, the test result may be helpful to your child's doctor.
4. The test result may help you and your child get the services you need.
5. Remember no matter how the test comes out, the Department will give you more information about what the test means and will provide you with counseling to help you understand the child's condition.
6. Even if you have your foster child tested, you may be faced with much uncertainty. If your child is under 2 years old and positive, you will not know until later whether or not (s)he is really infected with the virus. You will not know for sure if the child will develop AIDS, no matter how old (s)he is when tested.

7. If the test result shows that your child has the HIV virus you should think very carefully about who needs to know this information and who should not know. If the information is revealed, your neighbors may give you trouble, you may not be able to get baby-sitters or day-care, and your landlord may ask you to leave. Because these problems could be serious, you should not tell anyone about your child's test--not your friends, your neighbor or your child's day-care center or school--without discussing decisions with your residential case manager.
8. Finally, if your child tests positive, not being able to tell anyone could make you feel lonely and isolated. You may be scared about caring for a child who might get sick and die. There is help and support available. The Department of Children's Services can help you handle this difficult situation.

Please remember - Fortunately, the incidence of HIV+ in Tennessee remains relatively low. However, children infected with the virus need for you to HAVE THE COURAGE TO CARE for them.

**APPENDIX B**

**CHILD LABOR**

## CHILD LABOR

### 50-5-105. Employment of minors 16 or 17 years of age.

- A. A minor who is sixteen (16) or seventeen (17) years of age may be employed in connection with any gainful occupation which:
1. Does not interfere with the minor's health or well-being;
  2. Is not prohibited by subsection (b) of this section; or
  3. Is not prohibited by TCA 50-5-106.
- B. A minor who is sixteen (16) or seventeen (17) years of age and is enrolled in school may not be employed:
1. During those hours when the minor is required to attend classes; or
  2. Between the hours of ten o'clock p.m. (10:00 p.m.) and six o'clock a.m. (6:00 a.m.), Sunday through Thursday evenings preceding a school day.
    - (a) If the parents or guardians of the minor submit to employer a signed and notarized statement of consent, then the minor may be employed between the hours of ten o'clock p.m. (10:00 p.m.) and midnight, Sunday through Thursday evenings preceding a school day; provided, that under no circumstances shall such minor be employed between such hours on such evenings on more than three (3) occasions during any week.
    - (b) Each statement of consent shall be submitted to the employer on a carbonized form provided for such purpose by the department of labor. Upon accepting any such form, the employer shall promptly mail the carbon copy to the commissioner of labor.
    - (c) Any such form shall remain valid until the end of the school year during which it is submitted or until termination of the minor's employment, or until the minor reaches the age of majority, whichever shall first occur; and the original copy thereof shall be maintained for the period of its effectiveness by the employer at the location of the minor's employment.
    - (d) At any time, consent may be rescinded by submission to the employer of a statement of rescission, signed by the parents or guardians of the minor.
- (C) If the department of labor discovers that an employer has violated the provisions of this section or has violated the provisions of TCA 50-5-111, by failing to maintain the required file record, including an accurate time record showing the hours of a minor's beginning and ending of work each day, then the department shall promptly take appropriate actions to ensure imposition of the sanctions prescribed by TCA 50-5-112. {Acts 1976 (Adj. S), ch. 480, TCA 5; 1978 (Adj. S), ch. 541, TCA 3; T.C.A., TCA 50-705; Acts 1990, ch. 787, TCA 1.}

**APPENDIX C**  
**FOSTER PARENT LIABILITY**

## **FOSTER PARENT LIABILITY**

Foster parents are not generally responsible for a foster child's damage to someone else's property, if the foster parents are providing proper care and supervision of the foster child. PATH training and other in-service training opportunities usually prepare foster parents for the types of behavioral and emotional problems exhibited by some foster children. However, foster parents probably need to use caution until they get to know their foster children and learn how to anticipate problem areas with particular foster children. If the foster child has been in foster care for a while, the Case Manager will probably be able to provide the foster parents with additional information.

There are some general common-sense guidelines to remember:

- Foster parents should use caution if they leave older foster children in charge of younger children in the foster parents' absence.
- Foster parents should secure valuable items, important documents, and cash, checks, or credit cards. Depending on the individual situation, it may be necessary for foster parents to limit access to car keys and other items.
- Foster parents should use caution in allowing foster children to operate automobiles, lawn mowers, 4 wheelers, and any other type of equipment.

There are some circumstances where homeowner's insurance covers damage of the foster parents' property or others' property that is damaged by a foster child. Foster parents should check on this during the home evaluation process.

Claims can also be filed with the State Division of Claims (Contact the Division of Claims at 615-741-2734.) Foster parents should be aware that the Division of Claims does not routinely pay off claims, except in situations where negligence can be proven.

If you want to learn more about foster parent liability, please refer to the following sections of this HANDBOOK:

Financial and Insurance Matters, Chapter 6, page 31  
Legal Issues, Chapter 7, page 36, and  
Special Situations/Considerations, Chapter 9, page 43.

If you have any questions about DCS policy, consult with your Case Manager or read the FOSTER CARE POLICIES outlined in Chapter 16, Administrative Policies and Procedures, also available on our web site.